

# Greater Lowell Workforce Investment Board

FY 2011 Request for Quotes  
Strategic Plan/Asset Map/Sustainable  
Regional Partnership for Health Care  
February 2011 –June 30, 2011

Funding provided by the Commonwealth Corporation through  
the American Recovery and Reinvestment Act (ARRA)

Issue Date:  
January 25, 2011

Due Date:  
February 11, 2011

**Greater Lowell Workforce Investment Board/Career Center of Lowell**  
**Division of the City Manager's Office**  
**Strategic Plan/Asset Map Sustainable Regional Partnership for Health Care**  
**Consultant Services**  
**REQUEST FOR QUOTES**  
**FISCAL YEAR 2011**

**I. Introduction/Purpose**

The Greater Lowell Workforce Investment Board is seeking consultant services for the development of a strategic plan and asset map leading to a sustainable regional partnership of health care advocates, providers of healthcare services, educational institutions and others interested in workforce and economic development of the healthcare industry sector in the Greater Lowell area.

The Greater Lowell Workforce Investment Board is seeking quotes for consulting services for

- Development of a strategic plan to assist healthcare organizations, educational providers, community based organizations, One Stop Careers Centers, Workforce Investment Boards, employer groups, whose mission it is to provide the services necessary to support health care partnerships that connect Massachusetts residents with critically needed healthcare jobs and further education to advance in healthcare careers.
- Create and develop a comprehensive asset map providing listing and information on all healthcare providers in the Greater Lowell area, educational and community based services provided in connection with health care, workforce development programs geared towards health care and current labor market statistics in the health care sector.
- Establish and formalize partnerships that will continue to sustain the goals of the strategic plan after the conclusion of this contract.

Bidders should have a strong understanding of the Greater Lowell region, health care, strategic planning, facilitation and other experience in strategic planning.

**II. Eligible Bidders**

Applicants eligible to submit a quote are public or private agencies, non-profits, public or private educational institutions, governmental units, private business, sole proprietor consultants, community based organizations, labor groups and others who have demonstrated successful performance in strategic planning and development.

**III. Timeframe**

Request for Quote(s)	January 25, 2011
Due Date	February 11, 2011
Notification of Award	February 15, 2011
Start of Contract	March 1, 2011
Contract End Date	June 30, 2011

Questions and or comments arising throughout the quote preparation process may be addressed by contacting Barbara O'Neil, Director GLWIB, [oneilb@nmsda.org](mailto:oneilb@nmsda.org) and or call 978-937-9816.

## Submission Requirements

To be considered for funding, quotes must be received at the GLWIB/CCL offices **no later than 4:30 pm on February 11, 2011.**

Quotes must be submitted to:

The Greater Lowell Workforce Investment Board/Career Center of Lowell  
107 Merrimack Street, Third Floor  
Lowell MA 01852

Quotes may also be sent via email to [oneilb@nmsda.org](mailto:oneilb@nmsda.org)

## IV. Available Funds

Funds have been made available by the Commonwealth Corporation. Bids should be based on services to be performed, hourly rate and other budget considerations.

The GLWIB has determined the maximum expenditure on this project will not exceed \$10,000. Quotes above \$10,000 will not be considered. The type and quality of quotes submitted will determine the amount of funds awarded.

## V. GLWIB Program Design

The applicant should utilize the following information in the development of their quote response. Quotes should include information on the tools to be utilized, timeline and outcomes.

**Scope of Services for Consultant Service Providers: Deliverables** *Including but not limited to:*

The Greater Lowell WIB seeks professional services for the development of a comprehensive strategic plan that will coordinate employers, educators, workforce development organizations and resources in the region that will lead to a sustainable partnership beyond the life of this contract. **The strategic plan should include the following:**

- A coordinated, clear approach/product, assisting all partners in their successful health care projects/products.
- Develop a **comprehensive asset mapping inventory informational tool** available to all interested parties in the community that will provide a listing of every health care facility in the area (hospitals, long term nursing facility, health partnerships, health centers, assisted living facilities, ambulatory care, EMT, paramedic, home care organizations, physicians and any and all health care providing organizations. The asset map shall also include all educational and training programs providing health care education. The asset map/inventory should include, name of program, course cost, calendar and other pertinent information. **This deliverable is an integral component of the strategic plan that must be completed prior to the conclusion of the grant period as it the strategic plan.**
- A plan that grows and learns with the community through the years.
- A product that enables multiple agencies to utilize in their health care work environment.
- Identify issues, obstructions and barriers that may prohibit successful employment in health care.
- Create a comprehensive partnership committed to the goals and objectives of the Healthcare Skills Gap strategic plan.

## **VI. Work Program and Schedule**

The consultant service provider(s) will provide sufficient hours in order to ensure the successful completion of the strategic plan. This includes all work necessary: writing, interviewing, meetings, telephone and email communication, and all other professional services needed to ensure that each project is completed successfully by the required deadline. Service providers will be required to work closely with a program manager as well as meet with partners. **Please complete a time line for your work schedule and deliverables.**

## **VII. Payment Schedule and Estimated Hours of Work**

The consultant service provider will be compensated on the basis of a negotiated contract, performance based in nature. As a result of the bids, the determination will be made as to the contract being based on deliverables. The Greater Lowell Workforce Investment Board works in conjunction with the Career Center of Lowell/City of Lowell. The Contract shall be under the auspices of the City of Lowell with use of a purchase order system. Typically, the contractor shall bill for hours and work product completed according the product/project timeline and deliverables.

## **VIII. Project Timelines**

The strategic planning services will begin upon completion of contract award and is scheduled for approximately four months. The estimated start for the contract for services for this project will begin in March of 2011 and end no later than June 30, 2011.

## **IX. Contract Terms**

Successful bidders will be awarded a contract based on specified deliverables and timeline



**Strategic Plan for Health Care Partnership Services  
Consulting Services  
FY 2011**

**Quote Cover Sheet**

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fiscal Person Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Amount of Funding Request:**

**Duration:**

(Start Date) . to \_\_\_\_\_ (End Date)

Signature of Authorized Representative for Your Organization:

Submitted By: \_\_\_\_\_

**Signature**

**Date**

**List your total cost for providing these services.**

Total Hours	Hourly Rate	Total Cost
\$ _____	\$ _____	\$ _____

**Provide any additional information that you think is necessary to further explain and/or clarify your quote.**

**Provide a description of experience with strategic plans relative to the Workforce Development/ Health Care system. Your description may include processes and techniques used in the past that you plan to utilize to successfully complete this project. Be sure to include information on the tools, timelines, and outcomes. Please include a time line, number of meetings (conference call/ in person), tools to be used to gather information such as surveys etc. and any and all information that is considered important to your quote.**

**PLEASE NOTE: THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE SUCCESSFUL BIDDER. THE INFORMATION IS NOT NECESSARY TO COMPLETE WITH THE BID QUOTE**

**CERTIFICATION REGARDING**

**DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

**PRIMARY COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register [Pages 19160-19211].

**BEFORE SIGNING THE CERTIFICATION, PLEASE READ THE INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION**

1. The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public [Federal, State or local] transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, or receiving stolen property.
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity [Federal, State or local] with the commission of any of the offenses enumerated in paragraph [1] [b] of this certification; and
  - d. Have not within a three-year period preceding this application/ proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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NAME AND TITLE OF AUTHORIZED SIGNATORY

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SIGNATURE

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DATE



**DRUG FREE WORKPLACE CERTIFICATION**

I, \_\_\_\_\_, in representation of  
(Print Name)

\_\_\_\_\_, do hereby certify that  
(Agency/Organization)

\_\_\_\_\_, has taken all  
(Agency/Organization)

necessary measures to ensure a drug free workplace consistent with the **Drug Free Workplace Act of 1988**, as well as all applicable state laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made or submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

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(Printed name of individual submitting bid or proposal)

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(Signature of individual submitting bid or proposal)

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(Name of Organization)

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